

ANHYDROUS AMMONIA STORAGE FACILITY - INSPECTION CHECKLIST NORTH DAKOTA DEPARTMENT OF INSURANCE BOILER INSPECTION DIVISION SFN 51230 (Rev. 03-2004)

| NORTH | | | | | | | | | |
|-------------------------|--|----------------------------|---|-----------------|-----------|-------------------------|-----------------|-------------------|--|
| Date of Inspection Date | | of Installation | AA Identification Number | | | Facility License Number | | | |
| Name of Owner | | | AA- | - | | | AA Telephone | Number | |
| Name of Owner | | | | | | | reiepnone | Number | |
| Address | | | | | | | | | |
| City | | | | | Sta | te | Zip Code | | |
| | | | | | | | | | |
| User Location | | | | | | | | | |
| Contact Person | | | | | | Telephone Number | | | |
| Name of Installer | | | | | | | | | |
| Name of Inspector | r | | | | | | Retail No | | |
| SAT UNS A) S | SITE | | | | | | | | |
| 1) | | nty Commission/Licensed | d by C | Commissioner | of Agrici | ulture | | | |
| 2) | | n Dakota Century Code | , . | | 2. 7.9 | | | | |
| | <u> </u> | accessible to emergence | v veh | icles: no weed | ds or clu | tter w | ithin 10 | feet | |
| 3) | | with owner/emergency | | | | | | | |
| 4) | License posted at | | p | | | | | | |
| · · · · · · | | | | | | | | | |
| Manufacturer | MAIN STORAGE CO | NIAINEK | | Water Gallon Ca | apacity | Year | Built | Flow Meter | |
| | | | | | .,, | | | ☐ Yes ☐ No | |
| National Board Nu | mber | Shell Thickness | | OSA Square Feet | | Manh | ole es □ No | Meter ☐ Yes ☐ No | |
| Serial Number | | Head Thickness | | Percent Full | | PSI at | | Scale | |
| | | | | | | | | ☐ Yes ☐ No | |
| 1) | | ata Report provided (new | ı insta | ıllations) | | | | | |
| 2) | Container is ASME | | | | | | | | |
| 3) | | nal Board registered (nev | | | | | | | |
| 4) | Condition of paint | | | Spot repaint | | | | | |
| 5) | | ecals DOT 1005 |) L | Anhydrous A | Ammonia | | □ Inhal | ation Hazard | |
| 6) | | repairs or alterations | | | | | | | |
| 7) | Welded seams, no | | T | of our nort? | | | | | |
| 9) | Supports/saddles s Liquid level gauge | Satisfactory | Type | of support? | | | | | |
| 10) | | e gauge, NH 3 rated | | | | | | | |
| 11) | Safety valve mani | | Numb | ner: | | Bran | ٠q٠ | | |
| 12) | Safety valves ASN | | Numb | | | Bran | | | |
| 13) | Safety valves date | | | ce Date: | | Dian | | | |
| 14) | Safety valve capa | | CFM | | | | JL [| ☐ ASME | |
| 15) | Safety valve rain of | | • | - Сир. | | | | 7.0 | |
| 16) | Container thermon | | | | | | | | |
| C) P | PIPING AND APPUR | | | | | | | | |
| 1) | | s installed at container o | penin | gs Ma | ain Liqui | d: | GP | M: | |
| 2) | | nstalled and in satisfacto | | | quid Retu | | GP | | |
| 3) | | | | Vapor: GP | | | | | |
| 4) | | nimum where threaded; | SCH 4 | i i | • | elded | | | |
| 5) | · - | | | | | | nne) | | |
| 5) | 5) Welded piping welded by current Section IX certified welder (new installations) | | | | | | | | |

| SAT | UNS | | | | | | | | |
|-----|-----|-----|---|--|--|--|--|--|--|
| | | 6) | Pipe and pipe fittings are correct (i.e. no cast iron, copper, brass, galvanized, zinc or A-53 Type F | | | | | | |
| | | | material) | | | | | | |
| | | 7) | Flex piping and expansion joints used where necessary | | | | | | |
| | | 8) | Underground piping corrosion protected | | | | | | |
| | | 9) | No threaded piping used underground (new installations) | | | | | | |
| | | 10) | Pressure test of system piping made (new installations) | | | | | | |
| | | 11) | Bulkheads and/or breakaways provided at nurse tank stations | | | | | | |
| | | | Emergency shut-off valves in place (bulkhead systems) | | | | | | |
| | | | Cables attached for remote and installed location shutoff (bulkhead systems) | | | | | | |
| | | | Excess flow protection installed at risers | | | | | | |
| | | | Liquid Riser: | | | | | | |
| | | | Vapor Riser: | | | | | | |
| | | 12) | Bulkheads and breakaways provided at truck unload stations | | | | | | |
| | | | Emergency shut-off valve on vapor line | | | | | | |
| | | | Back check valve on liquid line | | | | | | |
| | | | Cable attached for remote location shutoff | | | | | | |
| | | | Bleeder valve(s), bleeder hoses, container | | | | | | |
| | | 13) | <u>'</u> | | | | | | |
| | | 14) | Transfer hoses date current and in good condition | | | | | | |
| | | 15) | Transfer pump rated for anhydrous ammonia Brand: Size: | | | | | | |
| | | | Isolation valve between transfer pump and container | | | | | | |
| | | | Pressure Activated Bypass Size: Brand: Pressure Range: | | | | | | |
| | | 16) | 0-400 psi pressure gauge on discharge side of transfer pump | | | | | | |
| | | 17) | Compressor rated for anhydrous ammonia | | | | | | |
| | | | Proper gauges, safety valve, stop valves | | | | | | |
| | | 18) | <u> </u> | | | | | | |
| | | 19) | -, -,, | | | | | | |
| | | 20) | Piping and appurtenances protected from moving vehicles | | | | | | |

D) SAFETY AND SAFETY EQUIPMENT

| 1) 1 | 150 gallons of clean water in an open container(s) |
|------|--|
| 2) | Two full face gas masks with spare ammonia canisters |
| 3) 2 | Z87.1 rated goggles, and gloves impervious to ammonia |
| 4) ' | "Slicker suit" and boots impervious to ammonia |
| 5) A | Annual documented training provided for those handling ammonia |
| 6) | Telephone (or other communication device) available during transfer operations |
| 7) A | Adequate fire extinguisher on site at facility |
| 8) A | Adequate loading platform |

| E) EPA RISK MANAGEMENT PROGRAM | Adequate | Inadequate | Missing |
|--|----------|------------|---------|
| 1) Specific safety information for NH ₃ | | | |
| 2) Hazard Review | | | |
| 3) Written operating procedures | | | |
| 4) Maintenance Program | | | |
| 5) Three-year compliance audit completed | | | · |
| 6) RMP Re-submission to EPA | | | |

| NOTES ON UNSATISFACTORY ITEMS | | | | |
|-------------------------------|--|--|--|--|
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